<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4/20/2010</u>	Address:	0883 W U.S.6
Case #:	<u>22f45662</u>		<u>Albion 46701</u>
County:	Noble		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all the Lithium Lithium Red Photos Flamma Water Head Anhydres Hydroc Corrosi	nd: Location (bedroom, kitchen, open a nat apply) n/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: house Reactive Metal (Lithium): ous Ammonia: hloric Acid Gas Generator(s): House ve Acid: house ve Base: house		
	tem and location):		•
Yes _ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip bble Co
This repor	t is to be faxed to the following age	ncies that serve the l	ocation:
Fire Depart	tment: Albion	Fax: <u>260-636-6030</u>	
Health Department: Noble Co		Fax: <u>(260)</u> Fax:	
Child Prote	ection Service:	-	.
	information regarding this methamph	• ,	ontact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.